



Dec-09-04 09:24pm

From-Blackwell Sanders

314-3456060

T-206 P.001/001 F-179

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27128 7590 10/15/2004

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Beth Hookway	(Depositor's NAME)
<i>Beth Hookway</i>	(Signature)
12-9-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/723,400	11/27/2000	Neil A. Winegarden	3140007-71819-1	6264

TITLE OF INVENTION: DEVICES AND METHODS FOR PRODUCING MICROARRAYS OF BIOLOGICAL SAMPLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	01/18/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NAGPAUL, JYOTI	1743	422-100000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

University Health Network

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Toronto, Ontario Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee  
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robert J. Lewis

Typed or printed name

Date

12/9/04

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27,210

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OMB 0651-0033

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